

Examining the Roles of Faith-Based Organisations in HIV/AIDS Prevention, Care and Support in Uganda

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ABSTRACT

This study examines the roles of faith-based organisations in HIV/AIDS prevention, care, and support in Uganda. A descriptive cross-sectional study was undertaken based on quantitative and qualitative research designs. The key informant interviews and focus group discussions were used to collect data. Findings revealed that ACET uses a comprehensive multi-sectoral approach in providing a wide range of HIV/AIDS prevention, care, and support services; by tackling other factors surrounding the individual other than the individual alone. As far as prevention is concerned, the emphasis, of the organization, is on premarital abstinence and marital fidelity, hence targeting the youth and the married. Information on condom use and partnerships with organizations that provide condoms are ways in which ACET helps those in need of them. Based on these observations, the study calls for ACET to organize and educate all the community leaders on the services rendered by the organization so that they can know about the services provided by them. This will help all victims and non-victims of HIV/AIDS to take advantage of such services. This should be done by local/ community leaders, elders, and religious leaders. Mass sensitization strategies need to be improved to increase the levels of awareness of the availability and relevance of faith-based organizations. To achieve this, there is a need to use radios and community sensitization meetings.

Keywords: ACET, Care and support, Community leaders, FBOs, HIV/AIDS

INTRODUCTION

Faith plays a critical role in the lives of many people throughout the world. It is our undying faith in whatever form it takes that brings us hope and gives us energy to carry on, and to believe that however dire our circumstances may be, the future can bring brighter times, healthier times, and happier times. Seventy percent of the world's population identify themselves as members of one faith community or another and such faith communities play a significant role in influencing people's behaviors and attitudes[1]. Faith or religious leadership has a great influence on the lives of many people, and leaders speaking out responsibly about HIV/AIDS can and have made a powerful impact at both community and international levels. The Pope and the Archbishop of South Africa, Desmond Tutu made calls for increased funding for the fight against the AIDS epidemic during the G8 Summit in 2008[2]. During the early years of the HIV/AIDS pandemic, many people who worked in HIV/AIDS prevention believed that religious leaders and

organisations were intrinsically antagonistic to what they were trying to accomplish. In the minds of many people, the stereotypic religious leaders and organisations were morally conservative, disapproving of any form of sexual behaviour outside of marriage, condom use (considered the best way to prevent HIV/AIDS infection), and sex education in schools[3]. Such generalizations ignored the fact that many FBOs in the field of HIV/AIDS have been working patiently, compassionately, and effectively for years in HIV/AIDS prevention and mitigation, and this is true of large internationally recognised religious groups and smaller ones as well[4]. Specifically, FBOs in the field of HIV/AIDS have been providing care, support, and counseling for people living with HIV/AIDS including care for orphans, income-generating activities for people living with HIV/AIDS and their dependants, and a variety of HIV prevention activities. They play a major role in HIV/AIDS care and treatment in sub-Saharan Africa than previously recognised and

greater collaboration coordination and better communication between them and public health agencies is needed if progress is to be made toward the goal of universal access to HIV prevention, treatment, care, and support[5]. The Catholic Medical Mission Board (CMMB) based in New York in the United States of America is a good example that has not only helped to deliver quality healthcare to the most vulnerable worldwide for 75 years but the organization has been a catalyst in bringing quality healthcare to the most vulnerable worldwide but has also successfully implemented HIV/AIDS programs in South Africa, Botswana, Namibia, Swaziland, and Lesotho in Africa[6].

Previous research has suggested linkages between the involvement of FBOs in campaigns to prevent and mitigate HIV/AIDS and the success of countries in reducing or mitigating the HIV/AIDS epidemic in Africa[7]. In some cases, the success of specific faith-based programs has been documented and their effects on particular communities measured, as in the case of the Islamic Medical Association of Uganda (IMAU) and the Church Human Services AIDS Prevention Program[8]. While FBOs have long delivered social, educational, and health services around the world, what has been lacking is independent analyses of their work and how that work is perceived by others, working in the field of HIV/AIDS[9]. FBOs in the field of HIV/AIDS have for a long time committed made positive contributions towards HIV/AIDS prevention, care,

and support, but criticisms by other players in the same field, particularly over some of their preventive messages that emphasize pre-marital abstinence and marital fidelity against condom use, stigma, fear, and misinformation. Some of their messages that usually emphasise premarital abstinence and marital fidelity often clash with secular emphasis on condom use and safer sex. It is further argued that some religious leaders throughout Africa and other parts of the world continue to portray HIV/ AIDS as a punishment from God for sexual sin or to express opposition to condom use on the basis that condoms encourage promiscuity[10]. Few of their efforts have been appreciated; documented or even evaluated, most of the literature on the role of FBOs in dealing with the HIV/AIDS crisis is therefore scarce and primarily addresses the influence of religious beliefs and organizational structures on HIV/AIDS by promoting and even enforcing less risky behaviors. Relatively little and unbiased evidence exists to show how their potential has been realized in practice, as well as the volume and frequency of HIV/AIDS related assistance provided by FBOs as well as the relative distribution of that assistance between members and non-members generally remain unknown. It is against this background that an unbiased assessment of the role of FBOs, specifically Aids Care Education and Training (ACET), in HIV/AIDS prevention, care, and support, has been undertaken.

The Concept of Healthcare and Quality

Quality is the degree, grade of excellence or worth. To recognize quality of a health care one needs to ask questions such as: What is the experience level of my doctor? Is he/she board certified? How many times has this particular facility done this procedure? High-quality health care is achieved through innovation and the use of the latest technology available. Studies show that physicians and hospitals have better results when they treat a high number of patients for a particular disease and perform large numbers of procedures to treat it [11]. The majority of studies find a lower patient mortality rate for a given procedure when the hospital or physician has a

high volume of experience performing that procedure[12]. While it is impossible to eliminate all risks of medical complications or death, particularly for seriously ill patients, choosing a hospital with a lower mortality rate and/or a higher long-term survival or success rate can reduce risks. It is important to compare the hospital one attends with other hospitals in terms of mortality rates[13]. Keeping pace with the latest advances in technology is difficult in the healthcare industry, although it distinguishes types of healthcare providers from their peers. Frequent new equipment

Obstacles in HIV Prevention, Care and Support

Several obstacles have been encountered in the fight against HIV/AIDS including poverty and drug

abuse, trust, culture, care, and PLWHAs involvement.

Poverty

Social scientists see HIV/AIDS as closely linked to poverty and development and the lack of appropriate strategies to prevent and control HIV/AIDS accounts for its rapid spread in Africa. Based on the health education model, of IEC (Information Education and Communication) as applied in Western countries where individual psychology of

locus of control and self-efficacy enhances behavior change at the individual level, contrasts with Africa where AIDS is not an individual disease but a society disease requiring group psychology approach strategies. The locus of control is within society. Modification of society's perception and structures that enhance or mitigate the impact of the disease is

paramount before individual behaviour change can take place. The need to address the social and behavioral factors can either enhance or restrict the spread of HIV. More particularly, regional cooperation and policy formulation focusing on the

multi-sectoral approach as well as research, technical support, and advocacy at the highest level are also strategies that seem effective for the prevention, control, and management of the future course of the epidemic[14].

Trust

Research has also shown that one of the obstacles to HIV/AIDS prevention has been inconsistent use of condoms among partners especially for fairly permanent relationships. The reasons for the inconsistent use of condoms include: maintaining regular and sexual relationships hence the demand for trust proof, because to continue asking for

condoms is like distrust proof; increased knowledge and use of oral contraceptives to prevent unwanted pregnancies, to mention but a few. Hence, the values, norms, and emotions involved in relationships, sexuality, love, romance, and intimacy do not change with the discussion of scientific information[15].

Culture

In Kenya, Rwanda, Swaziland, and Zimbabwe which operate AIDS awareness and prevention project campaigns, results reveal that even though most respondents know about AIDS, they see it as a problem for others and not themselves. Further, most people know that sexual contact is a mode of

HIV transmission, but they also hold misconceptions about transmission. For example, some believe casual contact transmits HIV. Moreover many never use a condom and believe there is no need to use a condom[16].

Care

In Nigeria, stigma affects access and utilization of preventive and treatment services by delaying appropriate help seeking. Studies have found out that some people cannot care for a family member who is infected by AIDS; some would not want or allow an infected person to continue working in factory, some students discontinue schooling in the

same school with infected student, kiss or hug a person living with HIV/AIDS, to mention but a few. Hence, an integrated community- and religious-based (FBOs) initiative would tackle the problem of HIV/AIDS-related stigma by challenging societal attitudes and beliefs that underlie stigma[17].

Faith-based Organisations and HIV/AIDS

FBOs in all sectors reach farther than any other institution, are sustainable and ideally suited for long-term community outreach, education, and support contact, maintain moral authority, and espouse values of compassion, care, and youth outreach. Thus, the programmatic and philosophical interventions they undertake have the potential for long-term continuity, possess a reservoir of volunteers, local leadership, existing groups, and youth activities on which local efforts can draw for their community-based interventions, are important partners with government, are there for the long haul, which helps the sustainability of the services they provide[18]. Many FBOs in the field of HIV/AIDS have been working patiently, compassionately, and effectively for years in AIDS mitigation and prevention. This is true of large,

internationally recognized FBOs and smaller ones as well. Specifically, FBOs in the field of HIV/AIDS have been providing care, support, and counseling for people living with HIV/AIDS, including care for AIDS orphans, income generation projects for people living with HIV/AIDS and their dependents, and a variety of HIV prevention activities. Workshops and seminars have been conducted for leaders of Buddhist, Christian, Hindu, Muslim, and other faith groups, and these efforts often have resulted in programs aimed at followers of the religion as well as others in local communities. These efforts demonstrate the ability of FBOs to bring AIDS support and education to communities not being reached by government campaigns, often using creative educational approaches[19].

FBOS Role in HIV/AIDS Prevention

As FBOs carry out their interventions in prevention, they too have delivered messages of abstinence, faithfulness after marriage, voluntary testing, as well as behavioural change messages, and there have been significant linkages between the involvement of faith-based organisations in campaigns to prevent and mitigate HIV/AIDS, and the success of countries in reducing the pandemic[7]. Experience shows that good leadership and open discussion on

HIV/AIDS are key factors in attaining stable and declining seroprevalence rates, but so is the involvement of religious leaders and FBOs in HIV/AIDS prevention[20]. In countries where religion is important, faith-based involvement is as necessary as condom social marketing, treatment for sexually transmitted infections, voluntary counseling and testing, and other state-of-the-art interventions in HIV prevention. In Uganda, FBOs

have adopted a promotional approach in the fight against HIV/AIDS and as such however, educational messages focusing on HIV prevention and actual behavioural change are delivered. Such messages aim at promoting pre-marital abstinence, and marital fidelity. Just as open and frank discussions about AIDS by the highest government authorities helped to reduce stigma in Senegal and Uganda, faith-based leaders have similar authority and influence. For example, the Christian Church Association of Lesotho implemented a project, the objectives of which were "to prepare communities for accepting and supporting all people with HIV and AIDS," and to promote "destigmatization of STD/HIV/AIDS patient care"[21]. Catholic Relief Services, which works with partners on more than 80 HIV/AIDS projects in more than 30 countries, has facilitated awareness workshops with clergy in several countries to "demystify and destigmatize HIV/AIDS"[22]. Uganda has found great success in publicly promoting abstinence until marriage for its young people. In 1994, Uganda launched 'True Love Waits,' an abstinence-until-marriage program that was also supported by schools, religious institutions, non-governmental organizations, and local

communities"[23]. Uganda's abstinence component is also attributed to their comprehensive sex program: "Uganda, where more than 30,000 children have signed abstinence pledges, has seen a 50 percent reduction in AIDS since 1992 because of its emphasis on abstinence"[24]. Reinforcing the government education efforts, faith communities have helped promote a change in sexual mores; a culture of abstinence and marital fidelity are held out as realistic and responsible lifestyle decisions. Challenging HIV/AIDS is possible - it is a preventable disease. Christian Aid sees prevention as a fundamental element of a meaningful response to the HIV/AIDS crisis and believes this can properly be achieved when wider development issues are also addressed. Concerted efforts, at national and community levels, are beginning to show success in some countries. With strong political and religious leadership, increased education and care at the community level, vigorous and targeted campaigning at all levels, and a willingness to fight the stigma and prejudice often associated with HIV/AIDS, countries like Uganda, Senegal, and Thailand have been able to reduce the incidence rate of new infections[25].

METHODOLOGY

Research Design and Study Population

The study adopted a cross-sectional survey design. The cross-sectional study has advantages in that data can be collected from several different categories of people in a relatively short period. It is used when the purpose of the study is either descriptive or aims at finding the prevalence of the

outcome of interest. The study population included beneficiaries of both primary and secondary prevention services, beneficiaries of care and support services, management and staff of the organisation, as well as opinion and community members in the area surrounding ACET.

Study Area

The actual area of study is Aids Care Education and Training (ACET), a Faith-Based organisation that was founded in 1987, under the umbrella of the Catholic Church with activities related to HIV/AIDS

prevention, care, and support. It is located in Makindye Division, Kampala district in the Central part of Uganda.

Sample Selection and Data Collection Procedures

The study was carried out at ACET; a sample of 100 respondents was selected randomly and purposively for the quantitative survey. These 100 respondents were beneficiaries of both secondary prevention and care and support programs. It was chosen because beneficiaries of secondary services were also beneficiaries of care and support services. Five key informant interviews and six focus group discussions

were used to gather qualitative information. Respondents for FGDs and key informant interviews were selected purposively according to the position, and knowledge of the informants as regards prevention, care, and support interventions of ACET. These respondents also provided vital information on primary prevention programs.

RESULT AND DISCUSSIONS

Nature and Categories of HIV/AIDS Interventions at ACET

Findings show that ACET was among the first organisations to implement the multi-sectoral approach to HIV/AIDS prevention, care, and support, a strategy that does not only address *Experience had taught us that only giving medication was not enough; HIV/AIDS goes beyond treatment and remember by then we had no treatment we had care. We started looking at other factors that contribute to the spread of HIV/AIDS and most of the factors were related to poverty. We said how do we deal with poverty. When you look at this community, 70-75% of*

HIV/AIDS from the individual point of view but rather considers other factors outside the individual, and in most cases of which the individual may have no control over. One of the respondents says:

the people don't have a permanent kind of employment they mainly depend on petty trading around, and among the trade they are doing is the selling of alcohol, which contributes, to the spread of HIV/AIDS. There is a lot of prostitution that is going on in the community and so many other things. (Director, ACET)

Prevention Interventions

Findings revealed that some of these interventions target both the people living with HIV/AIDS while others particularly target people that have not been infected by HIV/AIDS; prevention interventions for the former were categorised as secondary prevention

strategies while the ones for the latter, as primary prevention strategies. Beneficiaries of secondary prevention strategies were at the same time beneficiaries of care and support.

Primary Prevention Strategies

These strategies specifically target individuals who have not yet been infected by HIV/AIDS, and the main targets are the young and the married people. The organisation developed two strategies in line with the AB strategy- the value of life strategy, which is a behavioural change intervention that promotes premarital abstinence, and the faithful house, which promotes marital fidelity. The key

primary prevention activities and services include but are not limited to the following: public awareness campaigns, voluntary HIV/AIDS counseling and testing (VCT), diagnosis and treatment of sexually transmitted infections (STIs), rehabilitation and resettlement, economic empowerment, and advocacy [26].

Public Awareness Campaigns

ACET is involved in public awareness campaigns to sensitise the public not only on HIV/AIDS prevention but also on prevention of other diseases like malaria; and other public health issues that affect the community; ACET has also organized an AIDS week every December where we come and match

with a band. We are given T-shirts. In doing so we remind people of the reality of AIDs. They also give us condoms every time we meet in large numbers. Then they also took us to visit those patients that were allowed to be visited (Male FGD beneficiaries of primary prevention services).

Diagnosis and Treatment of Sexually Transmitted Infections (STIs)

Because sexually transmitted infections (STIs) predispose individuals to HIV infections, ACET opened up a general clinic, the Treasure Life Youth Clinic, targeting mostly the youth who are considered the most vulnerable to STIs, and it works in partnership with Naguru Teenage Centre. Here we provide treatment for sexually transmitted

infections (STIs). ST infections predispose young people and make the chance of a person getting HIV so high if you are already found to have STI so we provide STI treatment at our youth clinic which opens every Tuesday but we do that in partnership with Naguru Teenage Information and Health centre (coordinator for preventive programs).

Advocacy

Responses from focus group discussions indicated that ACET has put in place a department of advocacy that has been very instrumental in teaching and sensitising people about domestic violence for example, what to do and where to go in case you have been abused at home. This has drastically reduced the oppression of women. Domestic violence is one of the leading factors

responsible for the high prevalence rates of HIV/AIDS because it leads to having extramarital relationships in search of revenge and comfort. Domestic violence has been a contributing factor in increasing HIV/AIDS because it leads to having extramarital relationships in search of revenge and comfort (Female FGD beneficiaries of primary prevention services).

Rehabilitation and Resettlement

Rehabilitation and resettlement are one approach that cuts across, and it involves the rehabilitation and resettlement of people involved in drug abuse. This is done by visiting their collection centre's, referred to as bases They are called bases because they are just collection centers for young people- where young people meet on a temporal basis at particular times to use drugs; those who have the will to change are identified and incorporated in the vocational school. This is one way of reducing their vulnerability, especially girls who might be involved

in transactional relationships or commercial sex as a way of earning. The organization is the reason we reduced street children. They put in place a vocational school. They have different courses they give them to be able to sustain themselves financially instead of going to beg on the streets (FGD- community members and opinion leaders). ACET has helped some of us who were on the street; they gave me a home where to stay in, educated me, and even gave me a job after educating me (Female FGD beneficiaries of primary prevention services).

Economic Empowerment

The savings and credit co-operative was established

to empower people economically hence making them

less vulnerable to HIV/AIDS infection. For example, women have been able to start their businesses instead of engaging in commercial sex for survival; parents can send their children to school hence reducing their vulnerability. ACET borrows

Voluntary Counseling and Testing

Study findings revealed that counseling is not only centralized at the clinic but also rather taken nearer to the communities, to the people who need it. Trained community-based health workers in counseling skills pioneer this program, and each zone, of the IO zones in Makindye has one community-based health worker who also trains community members to help people at the grassroots. It has helped in voluntary counseling

Secondary Prevention Interventions

Unlike the primary prevention strategies, secondary prevention strategies mainly target people living with HIV/AIDS (PLWHAs), with the main aim of preventing the further spread of the disease, and these include but are not limited to the following; routine counseling and testing, public education programs, accessible diagnosis and treatment of

money at low interest rates to start our businesses so we do not have to do prostitution to earn a living, we can look after ourselves, pay our children's fees, and look after our mothers and fathers (Female FGD-beneficiaries of primary prevention services).

and testing for HIV among women to know their sero status. It goes into communities sensitizing people about HIV, how it is spread, how to avoid it, the dangers etc, and this has encouraged many women to test. That's why you see that women have put in a lot of effort in business relating to HIV/AIDS than men. (Female FGD-beneficiaries of primary prevention services).

other sexually transmitted infections (STIs), prevention of mother to child transmission, HIV/AIDS partnerships and referrals, prevention between sero discordant couples, diagnosis, and treatment of opportunistic infections, information on the use, and among others.

CONCLUSION

From the findings above, AIDs Care Education and Training (ACET) has proved that faith-based organisations have great potential in not only educating people about the prevention of HIV/AIDS but also in providing care and support to people living with HIV/AIDS (PLWHAs) and their families, by providing a wide range of interventions to both the people infected and affected by the pandemic irrespective of their religious backgrounds. It is true their preventive interventions emphasize premarital abstinence and marital fidelity as opposed to condom use which is a ground for criticism from secular and other organisations, however, it is important to note that the organisation has really done well in what it has specialized in and need to be complimented other than criticizing it; but even if it had not succeeded in the AB strategy, the organisation has other areas other than prevention specifically in care and support, were they responded exceedingly well irrespective of the challenges ahead of them. ACET did not wait for funding in order to begin, they just responded. Their courage and determination in the face of so many challenges are a reflection that they can survive and continue to deliver services and messages of hope, love, care, and compassion to people who desperately need them. ACET has demonstrated that it is possible, with only limited resources to respond to many of the urgent needs of the people with HIV/AIDS and their families. But more importantly, it has shown that it is possible through deep human commitment and faith in God to combat fear and stigma with a

vision of hope. Whatever they have chosen to do, they have done it with all their might and to the satisfaction of the people for which the services are intended. Based on these observations, the study calls for the following:

- a. There is a need to organize and educate all the community leaders on the services rendered by ACET so that they can know about the services provided by them. This will help all victims and non-victims of HIV/AIDS to take advantage of such services. This should be done by local/community leaders, elders, and religious leaders. Mass sensitization strategies need to be improved so as to increase on the levels of awareness of the availability and relevance of faith-based organizations. To achieve this, there is a need to use radios and community sensitization meetings.
- b. Governments and the Ministry of Health should recruit more counselors for health centre's and also train medical personnel about the new developments in FBOs towards HIV/AIDS prevention. Care and support. Government and ministries of health should also ensure a regular supply of medical utilities and drugs for HIV/AIDS-positive individuals in particular. They should create awareness among spouses and other individuals.
- c. There is a need to establish and strengthen partnerships with other service providers

outside the field of HIV/AIDS to complement services provided by ACET, for example linking clients to organizations providing income-generating activities like

National Advisory Agricultural Services (NAADS), Prosperity for all program, to mention but a few.

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